

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049051

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: P.E.O. RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

25 SECOND STREET NORTH #200  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

25 SECOND STREET NORTH #200  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3646000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLS, WILLIAM H III  
25 2ND STREET N  
STE 200  
SAINT PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: MILLS, WILLIAM H III  
Address: 886 RAFAEL BOULEVARD NORTHEAST  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DVP ( ) Delete  
Name: CAMPBELL, HARRY  
Address: 102 WESTBROOK COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. MILLS, III

DCP

06/29/2005

Electronic Signature of Signing Officer or Director

Date